

**DATES** 

HOUR SERVICE BEGAN

HOUR SERVICE ENDED

## CHILDREN'S ADMINISTRATION DIVISION OF CHILDREN AND FAMILY SERVICES

A HEARTH SCIVICES	
CLIENT'S NAME	
02.2.1.0.1.1.1.2	
SERVICE PROVIDER'S NAME	

AM PM

2

AM PM

3

AM PM

4

AM PM

5

AM PM

6

AM PM

7

AM PM

## SERVICE VERIFICATION AND ATTENDANCE RECORD

8

AM PM

9

AM PM

10

AM PM

11

AM PM

12

AM PM

13

AM PM

MONTH	VEAR
MONTH	ILAN

15

AM PM

MILES

14

AM PM

MONTHLY

**TOTALS** 

С	CLIENT TRANSPORTATION																	
	DATES	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	MONTHLY
		AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	TOTALS									
Α	HOUR SERVICE BEGAN																	
В	HOUR SERVICE ENDED																	
С	CLIENT TRANSPORTATION																	
											FOR OFFICE USE ONLY							
Signed by:											HOURS							
	CLIENT/PARENT/GUARDIAN														-			

## INSTRUCTIONS:

- A. Enter time service began indicate AM or PM as appropriate.
- B. Enter time service ended indicate AM or PM as appropriate.
- C. Client Transportation: All miles traveled transporting a client when authorized per SSPS.

Maintain completed verification forms in your records for six (6) years. Copies may be requested by CA/DSHS.

DSHS 03-366 (11/2000)

DISTRIBUTION: Original - Social Worker Copy - Contractor